RARE AND EXPENSIVE CASE MANAGEMENT

A. Purpose:

The Department will administer a Rare and Expensive Case Management (REM) program to address the special requirements of waiver individuals diagnosed with rare and expensive medical conditions. The REM program provides holistic individualized case management services for a diagnosis-defined HealthChoice eligible population with special health care needs through contracts with selected service providers. The Maryland Department of Health and Mental Hygiene (the Department), Office of Access, Quality and Program Integrity (OAQPI) is responsible for the REM program. The Department has a Memorandum of Agreement with the Center for Health Program Development and Management (CHPDM) at the University of Maryland Baltimore County (UMBC), under which CHPDM administers the REM program. CHPDM provides oversight of the REM program, determines REM eligibility, and provides REM enrollees with Intake and Referral services which include submission of preauthorization requests for optional services. Direct case management services are provided by licensed case management organizations under contract with CHPDM at UMBC.

B. Policy:

1. REM will focus on individuals with rare and expensive conditions who require access to sub-specialty care. An individual can be enrolled in the REM program if the recipient has one or more of the diagnoses specified in Attachment A and chooses to be enrolled.

2. REM enrollees will be eligible for fee-for-service benefits currently offered to Medicaid eligibles enrolled in Managed Care Organizations (MCO) as well as additional services described in regulations. Benefits will be available to REM enrollees as recommended by the REM case manager and determined medically necessary and appropriate by the OAQPI.

3. All REM enrollees in the REM program will be followed

by a case manager who will: (1) assess enrollee's needs; (2) work with members of the multi disciplinary team; (3) develop case management plans of care; (4) assist in service coordination and family support; (5) monitor clinical progress; (6) address changing clinical and other REM enrollee specific needs; (7) recommend and assist with transfer out of the REM program when appropriate; and (8) initiate preauthorization requests for Optional Services.

4. The REM case managers will collaborate with various state agencies and divisions within DHMH on EPSDT, children with special needs, access to care, and quality of care issues when necessary.

C. Procedure:

1. <u>REM Eligibility Process</u>

1. A referral to the REM program may be made by any concerned party. (i.e. physician, provider, self referral, family member, MCO etc.)

2. An MCO that believes a recipient qualifies for REM (1) may refer the recipient for confirmation of the diagnosis to CHPDM, and (2) must continue to provide for the recipient's care until CHPDM confirms the diagnosis and enrolls the recipient into REM.

3. A Registered Nurse within CHPDM will review the medical information submitted by the MCO. Additional clarifying medical information will be requested from MCO or providers, if necessary, in order to render an appropriate decision about the recipient's eligibility for REM.CHPDM will make a decision within five (5) working days of receipt of the completed application.

d. A recipient geographic location will not be a factor when determining participation in the REM program. REM is designed to provide case management services State-wide.

e. If the recipient does not meet the specific diagnostic criteria for acceptance into REM, the recipient will remain in the MCO. A letter of denial for REM eligibility with fair hearing rights language will be sent to the recipient and a copy sent to the MCO.

4. If the recipient does meet REM diagnostic criteria, a letter of acceptance will be sent to the individual, and the MCO. Notice of enrollment in REM will also be sent to DHMH on the date of enrollment. Eligibility information will be entered into the Department's Eligibility Verification System (EVS) identifying the REM enrollee's participation with REM.

7. The REM enrollee will be assigned to a contracted agency on the date of acceptance into the program. The contracted agency will assign a REM case manager within one (1) working day of their receipt of the assignment.

8. If the REM enrollee does not wish to be enrolled into the REM Program, a letter from the REM enrollee declining REM enrollment or a verbal expression of refusal will be accepted by CHPDM . The MCO will continue to be responsible for the REM enrollee's medical care and case management needs. In the event the REM enrollee desires to change his/her MCO, he/she will be referred to the enrollment broker for assistance.

2. Case Management

As defined by the Case Management Society of America (CMSA,1994):

> Case Management is a collaborative process, which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communications and available resources to promote quality, cost-effective outcomes.

3. Referral for Mental Health Services

The REM case manager will serve as a liaison between the primary care provider and the Maryland Public Mental Health System (MPMHS) provider if the REM enrollee is referred to or is receiving services from both. The case manager will assist in the coordination of mental health services with the PCP, when necessary.

4. Provider Network

All certified fee for service Medicaid providers other than HMOs, MCOs, ICF-MRs and IMDs will be available to REM enrollees, in accordance with the REM enrollee's plan of care.

5. Complaints and Grievances

REM enrollees will have several avenues available for voicing concerns about REM services: (a) through the REM case manager and contracted case management agency, (b) through CHPDM ; and (c) through the Department's REM hotline.

a. Case manager complaint

The REM case manager will serve as the first point of contact for a REM enrollee who has a complaint about the program's services. These complaints can be related to either case management or medical services that the REM enrollee receives. Through contact with the REM enrollee, the REM enrollee's family or care giver and providers, the REM case manager will be in a position to identify and resolve REM enrollee's complaints and determine satisfaction with the REM program services. If the case manager and Supervisor are unable to resolve the complaint to the REM enrollee's satisfaction, the problem will be referred to

and, if needed, to the REM Manager at CHPDM for resolution.

2. CHPDM REM Unit
CHPDM will monitor the type and frequency of REM enrollee complaints and/or issues, and how they were addressed . The complaints will be analyzed for trends in operational performance. Corrective action plans will be developed as needed, by for persistent or significant program problems. All of the information including complaints, resolutions, and resulting corrective action will be required to be submitted to the Department as part of the annual report.

c. The Department's REM Hotline
If a REM enrollee in the REM program does not feel satisfied with the approach to complaint/issue resolution taken by CHPDM, they may contact the OAQPI's complaint hotline. OAQPI will investigate the complaint and provide feedback to CHPDM or resolve the complaint in conjunction with CHPDM and/or case management company representative .

6. Optional Services

Optional Services are an expanded list of benefits as described in COMAR which may be available to REM participants when the services are:

2. Medically necessary;
3. Medically appropriate;
4. Requested by the REM case manager
5. Rendered in accordance with accepted professional standards;
6. Delivered in accordance with the participant's plan of care;
7. Delivered by an optional service provider; and
8. Pre-authorized by the Department .

D. REM Quality Assurance and Improvement

1. OAQPI will assess three areas (a) access to care, (b) quality of rendered services, and (c) continuity of care. OAQPI will monitor the quality of the REM Program through various methods including the review of REM unit performance of quality indicators, review of clinical outcomes

through claims data and the complaint and grievance process as outlined in section 5, above.

2. CHPDM will conduct quality improvement reviews and outcome studies as part of the REM Quality Improvement program. On a regular basis, the Continuous Quality Improvement Unit of CHPDM will conduct an onsite review of its Contractors to evaluate the Contractor for adequate service delivery. CHPDM will evaluate the outcomes of case management and the Contractor's service delivery through the use of a yearly satisfaction survey for REM enrollees.

ATTACHMENT A

Rare and Expensive Disease List as of October 16, 2000

ICD-9 Code	Disease	Age Group	Guidelines
042. x all	Symptomatic HIV disease/AIDS (pediatric)	0-20	(A) A child <18 mos. who is known to be HIV seropositive or born to an HIV-infected mother and: * Has positive results on two separate specimens (excluding cord blood) from any of the following HIV detection tests: --HIV culture (2 separate cultures) --HIV polymerase chain reaction (PCR) --HIV antigen (p24) N.B. Repeated testing in first 6 mos. of life; optimal timing is age 1 month and age 4-6 mos. or * Meets criteria for Acquired Immunodeficiency Syndrome (AIDS) diagnosis based on the 1987 AIDS surveillance case definition
V08	Asymptomatic HIV status (pediatric)	0-20	(B) A child >18 mos. born to an HIV-infected mother or any child infected by blood, blood products, or other known modes of transmission (e.g., sexual contact) who: * Is HIV-antibody positive by confirmatory Western blot or immunofluorescense assay (IFA) or * Meets any of the criteria in (A) above
795.71	Infant with inconclusive HIV result	0-12 months	(E) A child who does not meet the criteria above who: * Is HIV seropositive by ELISA and confirmatory Western blot or IFA and is 18 mos. or less in age at the time of the test or * Has unknown antibody status, but was born to a mother known to be infected with HIV
270.0	Disturbances of amino-acid transport Cystinosis Cystinuria Hartnup disease	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.1	Phenylketonuria - PKU	0-20	Clinical history and physical exam; laboratory

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ICD-9 Code	Disease	Age Group	Guidelines
			studies supporting diagnosis. Subspecialist consultation note may be required. Lab test: high plasma phenylalanine and normal/low tyrosine
270.2	Other disturbances of aromatic-acid metabolism	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.3	Disturbances of branched-chain amino-acid metabolism	0-20	
270.4	Disturbances of sulphur-bearing amino-acid metabolism	0-20	
270.5	Disturbances of histidine metabolism Carnosinemia Histidinemia Hyperhistidinemia Imidazole aminoaciduria	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.6	Disorders of urea cycle metabolism	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.7	Other disturbances of straight-chain amino-acid Glucoglycinuria Glycinemia (with methylmalonic acidemia) Hyperglycinemia Hyperlysinemia Pipecolic acidemia Saccharopinuria Other disturbances of metabolism of glycine, threonine, serine, glutamine, and lysine	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
270.8	Other specified disorders of amino-acid metabolism Alaninemia Ethanolaminuria Glycoprolinuria Hydroxyprolinemia Hyperprolinemia Iminoacidopathy Prolinemia Prolinuria	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.

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ICD-9 Code	Disease	Age Group	Guidelines
	Sarcosinemia		
271.0	Glycogenosis	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
271.1	Galactosemia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
271.2	Hereditary fructose intolerance	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
272.7	Lipidoses	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.0	Cystic fibrosis	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
277.00	Cystic fibrosis w/o ileus	0-64	
277.01	Cystic fibrosis with ileus	0-64	
277.2	Other disorders of purine and pyrimidine metabolism	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required. Demonstration of deficient enzyme such as: alpha-L-Idurondase, Iduronosulfate sulfatase, Heparan sulfate sulfatase, N-Acetyl-alpha-D-glucosaminidase, Arylsulfatase B, Beta-Glucuronidase, Beta-Galactosidase, N-Aacetylhexosaminidase-6-SO4 sulfatase.
277.5	Mucopolysaccharidosis	0-64	
277.8	Other specified disorders of metabolism	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
284.0	Constitutional aplastic anemia	0-20	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
286.0	Congenital factor VIII disorder	0-64	Clinical history and physical exam; laboratory studies supporting diagnosis. Subspecialist consultation note may be required.
286.1	Congenital factor IX disorder	0-64	
286.2	Congenital factor XI deficiency	0-64	
286.3	Congenital deficiency of other clotting factors	0-64	

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ICD-9 Code	Disease	Age Group	Guidelines
286.4	von Willebrand's disease	0-64	
330	Cerebral degenerations in childhood	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
330.0	Leukodystrophy	0-20	
330.1	Cerebral lipidoses	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
330.2	Cerebral degenerations in generalized lipidoses	0-20	
330.3	Cerebral degeneration of childhood in other diseases classified	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
330.8	Other specified cerebral degeneration in childhood	0-20	
330.9	Unspecified cerebral degeneration in childhood	0-20	
331.3	Communicating hydrocephalus	0-20	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
331.4	Obstructive hydrocephalus	0-20	
333.2	Myoclonus	0-5	Clinical history and physical exam. Subspecialist consultation note may be required.
333.6	Idiopathic torsion dystonia	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
333.7	Symptomatic torsion dystonia	0-64	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
333.90	Unspecified extrapyramidal disease and abnormal movement disorder	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
334	Spinocerebellar disease	0-20	Clinical history and physical exam.

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ICD-9 Code	Disease	Age Group	Guidelines
334.0	Friedreich's ataxia	0-20	Neurology consultation note.
334.1	Hereditary spastic paraplegia	0-20	
334.2	Primary cerebellar degeneration	0-20	
334.3	Cerebellar ataxia NOS	0-20	
334.4	Cerebellar ataxia in other diseases	0-20	
334.8	Other spinocerebellar diseases NEC	0-20	
334.9	Spinocerebellar disease NOS	0-20	
335	Anterior horn cell disease	0-20	Clinical history and physical exam. Neurology consultation note.
335.0	Werdnig-Hoffmann disease	0-20	
335.1	Spinal muscular atrophy	0-20	
335.10	Spinal muscular atrophy NOS	0-20	
335.11	Kugelberg-Welander disease	0-20	
335.19	Spinal muscular atrophy NEC	0-20	
335.2	Motor neuron disease	0-20	
335.20	Amyotrophic lateral sclerosis	0-20	
335.21	Progressive muscular atrophy	0-20	
335.22	Progressive bulbar palsy	0-20	
335.23	Pseudobulbar palsy	0-20	
335.24	Primary lateral sclerosis	0-20	
335.29	Motor neuron disease NEC	0-20	
335.8	Anterior horn disease NEC	0-20	
335.9	Anterior horn disease NOS	0-20	

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ICD-9 Code	Disease	Age Group	Guidelines
341.1	Schilder's disease	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
343.0	Diplegic infantile cerebral palsy	0-20	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
343.2	Quadriplegic infantile cerebral palsy	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
344.0	Quadriplegia	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
359.0	Congenital hereditary muscular dystrophy	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
359.1	Hereditary progressive muscular dystrophy	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
359.2	Congenital myotonic dystrophy (Steinert's only)	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
437.5	Moyamoya disease	0-64	Clinical history and physical examination; supporting imaging studies and neurologic consultation note may be required.
579.3	Short gut syndrome	0-20	Clinical history and imaging studies supporting diagnosis. Gastrointestinal subspecialist consultation note may be required.
582	Chronic glomerulonephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.0	Chronic glomerulonephritis with lesion of proliferative glomerulonephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.1	Chronic glomerulonephritis with lesion of membranous glomerulonephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.2	Chronic glomerulonephritis	0-20	Clinical history, laboratory evidence of renal

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ICD-9 Code	Disease	Age Group	Guidelines
	with lesion of membranoproliferative glomerulonephritis		disease. Nephrology subspecialist consultation note may be required.
582.4	Chronic glomerulonephritis with lesion of rapidly progressive glomerulonephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.8	Chronic glomerulonephritis with other specified pathological lesion in kidney	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.81	Chronic glomerulonephritis in diseases classified elsewhere	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.89	Other Chronic glomerulonephritis with lesion of exudative nephritis interstitial (diffuse) (focal) nephritis	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
582.9	With unspecified pathological lesion in kidney Glomerulonephritis: NOS specified as chronic hemorrhagic specified as chronic Nephritis specified as chronic Nephropathy specified as chronic	0-20	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
585	Chronic renal failure A) diagnosed by a pediatric nephrologist	0-20	Clinical history, laboratory evidence of renal disease. Pediatric nephrology subspecialist consultation note required.
585, V45.1	B) with dialysis	21-64	Clinical history, laboratory evidence of renal disease. Nephrology subspecialist consultation note may be required.
741	Spina bifida	0-64	Clinical history and physical exam. Imaging studies supporting diagnosis. Subspecialist consultation note may be required.
741.0	Spina bifida with hydrocephalus	0-64	
741.00	Spina bifida with hydrocephalus NOS	0-64	

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ICD-9 Code	Disease	Age Group	Guidelines
741.01	Spina bifida with hydrocephalus cervical region	0-64	
741.02	Spina bifida with hydrocephalus dorsal region	0-64	
741.03	Spina bifida with hydrocephalus lumbar region	0-64	
741.9	Spina bifida without hydrocephalus	0-64	
741.90	Spina bifida unspecified region	0-64	
741.91	Spina bifida cervical region	0-64	
741.92	Spina bifida dorsal region	0-64	
741.93	Spina bifida lumbar region	0-64	
742.0	Encephalocele Encephalocystocele Encephalomyelocele Hydroencephalocele Hydromeningocele, cranial Meningocele, cerebral Menigoencephalocele	0-20	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
742.1	Microcephalus Hydromicrocephaly Micrencephaly	0-20	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
742.3	Congenital hydrocephalus	0-20	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
742.4	Other specified anomalies of brain	0-20	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
742.5	Other specified anomalies of spinal cord	0-64	Clinical history and physical examination, radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
742.59	Other specified anomalies of	0-64	Clinical history and physical examination,

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ICD-9 Code	Disease	Age Group	Guidelines
	spinal cord Amyelia Congenital anomaly of spinal meninges Myelodysplasia Hypoplasia of spinal cord		radiographic or other neuroimaging studies. Neurology or neurosurgery consultation note may be required.
748.1	Nose anomaly - cleft or absent nose ONLY	0-5	Clinical history and physical examination. Radiographic or imaging studies and specialist consultation note (ENT, plastic surgery) may be required.
748.2	Web of larynx	0-20	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
748.3	Laryngotracheal anomaly NEC- Atresia or agenesis of larynx, bronchus, trachea, only	0-20	
748.4	Congenital cystic lung	0-20	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
748.5	Agenesis, hypoplasia and dysplasia of lung	0-20	
749 except 749.1x	Cleft palate and cleft lip	0-20	Clinical history and physical examination. Supporting consultation note from ENT/plastic surgery may be required.
749.0	Cleft palate	0-20	Clinical history and physical examination. Supporting consultation note from ENT/plastic surgery may be required.
749.00	Cleft palate NOS	0-20	
749.01	Unilateral cleft palate complete	0-20	
749.02	Unilateral cleft palate incomplete	0-20	
749.03	Bilateral cleft palate complete	0-20	
749.04	Bilateral cleft palate incomplete	0-20	
749.2	Cleft palate with cleft lip	0-20	
749.20	Cleft palate and cleft lip NOS	0-20	
749.21	Unilateral cleft palate with cleft lip complete	0-20	

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ICD-9 Code	Disease	Age Group	Guidelines
749.22	Unilateral cleft palate with cleft lip incomplete	0-20	
749.23	Bilateral cleft palate with cleft lip complete	0-20	
749.24	Bilateral cleft palate with cleft lip incomplete	0-20	
749.25	Cleft palate with cleft lip NEC	0-20	
750.3	Congenital tracheoesophageal fistula, esophageal atresia and stenosis	0-3	Clinical history, physical examination; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
751.2	Atresia large intestine	0-5	Clinical history and physical exam; laboratory or imaging studies suporting diagnosis. Subspecialist consultation note may be required.
751.3	Hirschsprung's disease	0-15	
751.61	Biliary atresia	0-20	
751.62	Congenital cystic liver disease	0-20	
751.7	Pancreas anomalies	0-5	
751.8	Other specified anomalies of digestive system NOS	0-10	
753.0	Renal agenesis and dysgenesis, bilateral only Atrophy of kidney: congenital infantile Congenital absence of kidney(s) Hypoplasia of kidney(s)	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.1	Cystic kidney disease, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.12	Polycystic kidney, unspecified type, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.13	Polycystic kidney, autosomal dominant, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies.

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ICD-9 Code	Disease	Age Group	Guidelines
			Subspecialist consultation note may be required.
753.14	Polycystic kidney, autosomal recessive, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.15	Renal dysplasia, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.16	Medullary cystic kidney, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.17	Medullary sponge kidney, bilateral only	0-20	Clinical history, physical examination, radiographic or other imaging studies. Subspecialist consultation note may be required.
753.5	Exstrophy of urinary bladder	0-20	Clinical history, physical examination, radiographic and/or other imaging studies. Subspecialist consultation note may be required.
756.0	Musculoskeletal--skull and face bones Absence of skull bones Acrocephaly Congenital deformity of forehead Craniosynostosis Crouzon's disease Hypertelorism Imperfect fusion of skull Oxycephaly Platybasia Premature closure of cranial sutures Tower skull Trigonocephaly	0-20	Clinical history, physical examination; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.4	Chondrodystrophy	0-1	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.

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ICD-9 Code	Disease	Age Group	Guidelines
756.50	Osteodystrophy NOS	0-1	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.51	Osteogenesis imperfecta	0-20	Clinical history, physical examination, radiologic studies. Specialist consultation report (genetics, orthopedics) may be required.
756.52	Osteopetrosis	0-1	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.53	Osteopoikilosis	0-1	
756.54	Polyostotic fibrous dysplasia of bone	0-1	
756.55	Chondroectodermal dysplasia	0-1	
756.56	Multiple epiphyseal dysplasia	0-1	
756.59	Osteodystrophy NEC	0-1	
756.6	Anomalies of diaphragm	0-1	Clinical history and physical exam; imaging studies supporting diagnosis. Subspecialist consultation note may be required.
756.7	Abdominal wall anomalies	0-1	Clinical history and physical exam.
759.7	Multiple congenital anomalies NOS	0-10	Clinical history and physical exam; laboratory or imaging studies supporting diagnosis. Subspecialist consultation note may be required.
V46.1	Dependence on respirator	1-64	Clinical history and physical exam. Specialist consultation note required.
V46.9	Machine dependence NOS	1-64	